

Name  
in  
Full

Hester Florence Atkinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

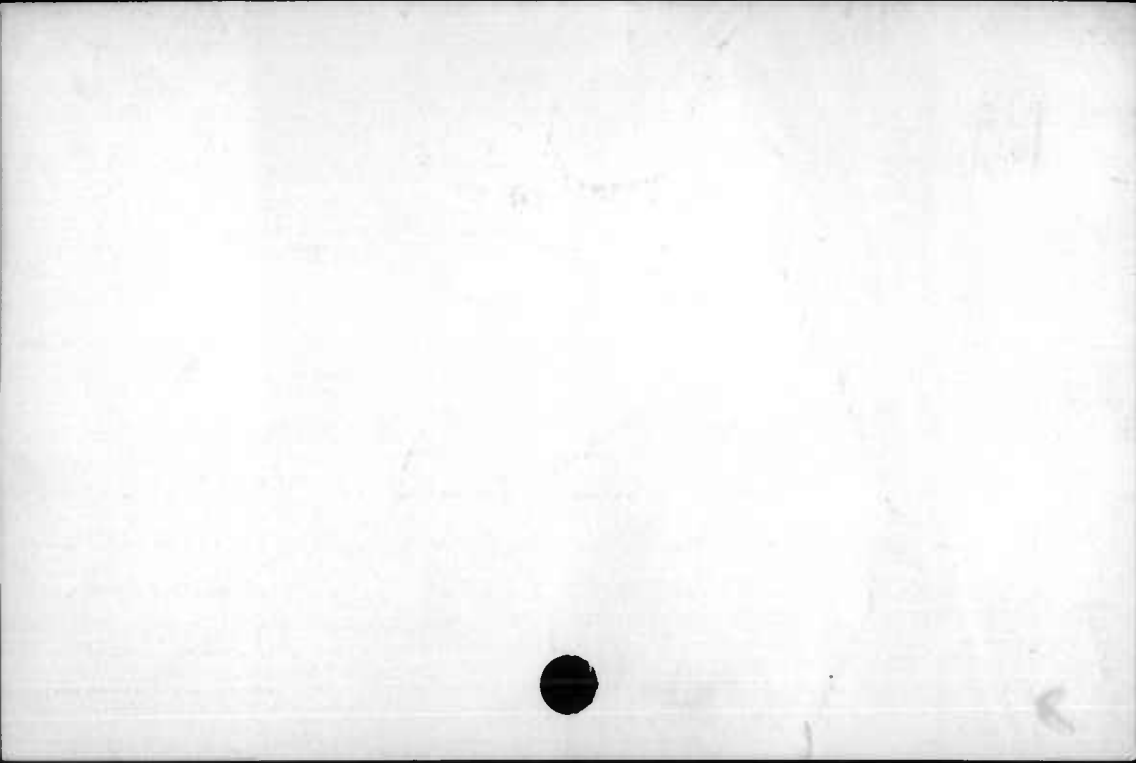
Died at <i>Wiloughby</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	1907	Month	10	Day	22
Age	40	Years	9	Months	17
Sex	Female	Color or Race	American	Birth-place	Dorchester Co. Md.
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Edwin Eagle Atkinson			Father's Birthplace	Deleyore
Mother's Maiden Name	Elizabeth Ellen Kelly			Mother's Birthplace	Md.
Name of person giving information	Ella Atkinson Smith			How related to deceased	Sister

## CAUSES OF DEATH

30

PHYSICIAN  
OR CORONER

Primary	Diabetes Mellitis	How long	about 3 or 4 months
Immediate	Diabetic Coma	How long	one day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Robley Hackitt M.D.	
Address		Queen Anne Maryland	
Accident or Suicide?		no	



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Church Hill</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death	1907	Month	Dec	Day	7	Years	Age 76
Sex	Male		Color or Race	White		Birth place	Queen Anne Co
Occupation	Farmer		Where Residing if not at place of death				At place of death
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		John Baxter				Father's Birthplace	
Mother's Maiden Name		Do not know				Mother's Birthplace	
Name of person giving information		Martha Baxter				How related to deceased	
						Wife	

## CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary	Endocarditis	How long	Many years
Immediate	"	How long	Immediate -
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. B. Brown	
Address		Chesapeake	
Accident or Suicide?		No.	

C. Hill

1881

Jan 5 1881

Apr 76-

Drill Jan 7/89

1907

Name  
in  
Full

Lizzie Cahall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Templinville* Town*Queen Anne* County

MARYLAND

Date of death *1907* Month *12*Day *4*Age *15* Years

Months

Days

Sex *Female*Color or Race *white*Birth place *Templinville*Occupation *School girl*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Oliver Cahall*Father's Birthplace *Ind*Mother's Maiden Name *Miss Edna Clough*Mother's Birthplace *Ind*Name of person giving information *Sam'l. Cahall*How related to deceased *Uncle*

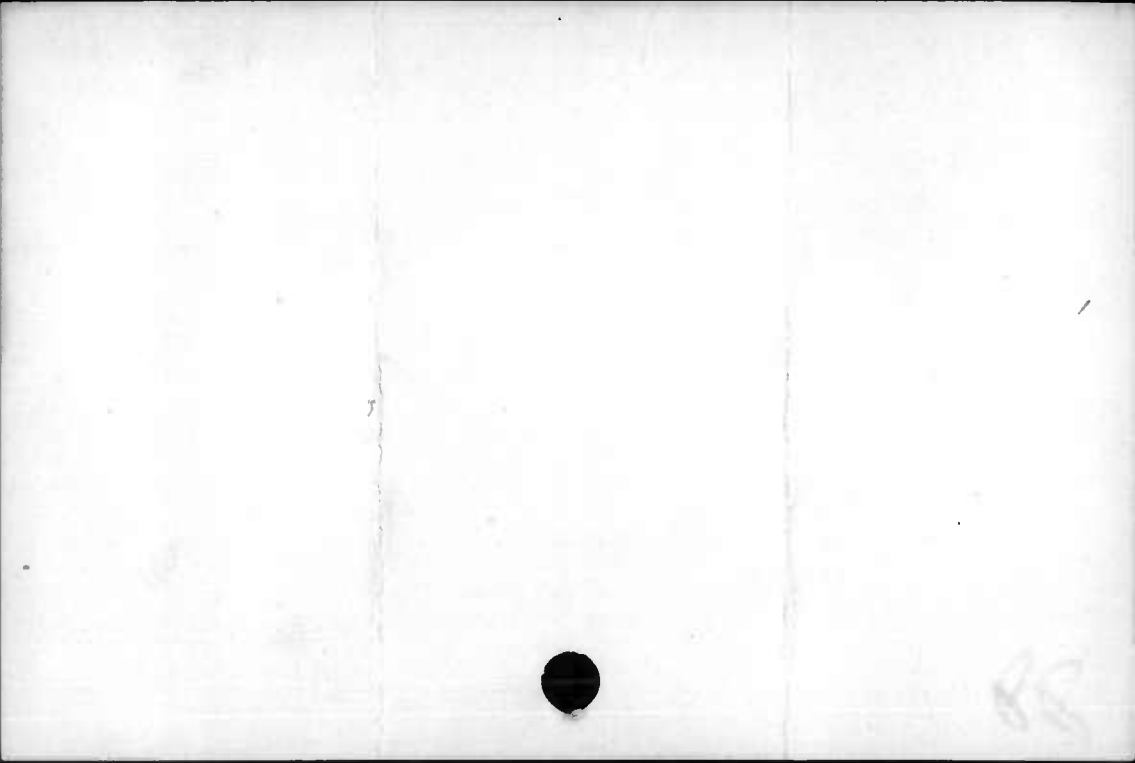
## CAUSES OF DEATH

11

Primary *Typhoid fever*How long *3 weeks*Immediate *Paralysis of heart*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H. E. Evans*Address *Maydel Ind.*Accident or Suicide? *No*



Name  
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## CERTIFICATE OF DEATH

Fannie Christie

Died at Union Store <sup>Town</sup>D.C. Co <sup>County</sup>

MARYLAND

Date  
of death 1907 <sup>Year</sup> Dec. <sup>Month</sup> 9 <sup>Day</sup>Age 37 <sup>Years</sup>

Months

Days

Sex

FemaleColor or  
RaceWhiteBirth-  
placeW. F. Plummer & Da.

Occupation

HousekeeperWhere Residing if not  
at place of deathAt place of deathMarried, Single  
or WidowedMarriedName of Wife or  
HusbandFanny ChristieFather's  
NameEdward ArthurFather's  
BirthplaceDel.Mother's  
Maiden NameSarah AllenMother's  
BirthplaceDel.Name of person giving  
InformationW. J. GumbertHow related  
to deceasedWm.

## CAUSES OF DEATH

(14)

Primary

Septicemia

How long

1 week

Immediate

Exhaustion

How long

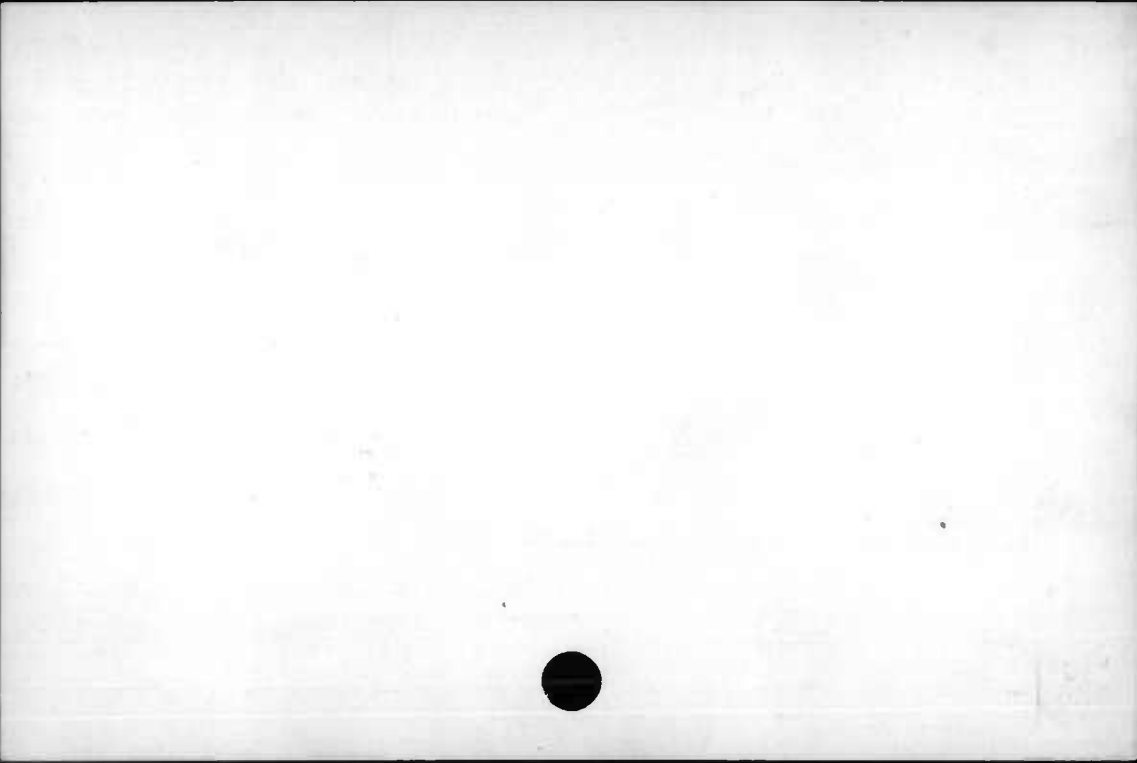
1 dayAre the name, age, sex, color, date  
and place correctly given above?YrSignature of  
Physician

Address

Dr. M. B. Gumbert  
Beaufort

Accident or Suicide?

NYTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		Lydia Elizabeth Rhynne Everitt				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Centreville, R.R. No. 1.		Queen Anne		MARYLAND		
	Date of death	1907	Month	Dec	Day	3	Age	37
	Sex	Female		Color or Race	White		Birth-place	Chestertown, Md.
	Occupation	House Wife			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Husband	Levi E. Everitt			
	Father's Name	Edward Carter				Father's Birthplace	Easton, Md.	
	Mother's Maiden Name	Sarah Elizabeth Allen				Mother's Birthplace	Black Bird, Del.	
Name of person giving information	Sarah Elizabeth Allen				How related to deceased	Mother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Dysentery				How long	6 days	
	Immediate	Coma				How long	7 hours	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Walter H. Fenby	
	Address	Centreville R.R. No. 4					Md.	
Accident or Suicide?								



8

Name  
in  
Full

Florence May Melvin Horney

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

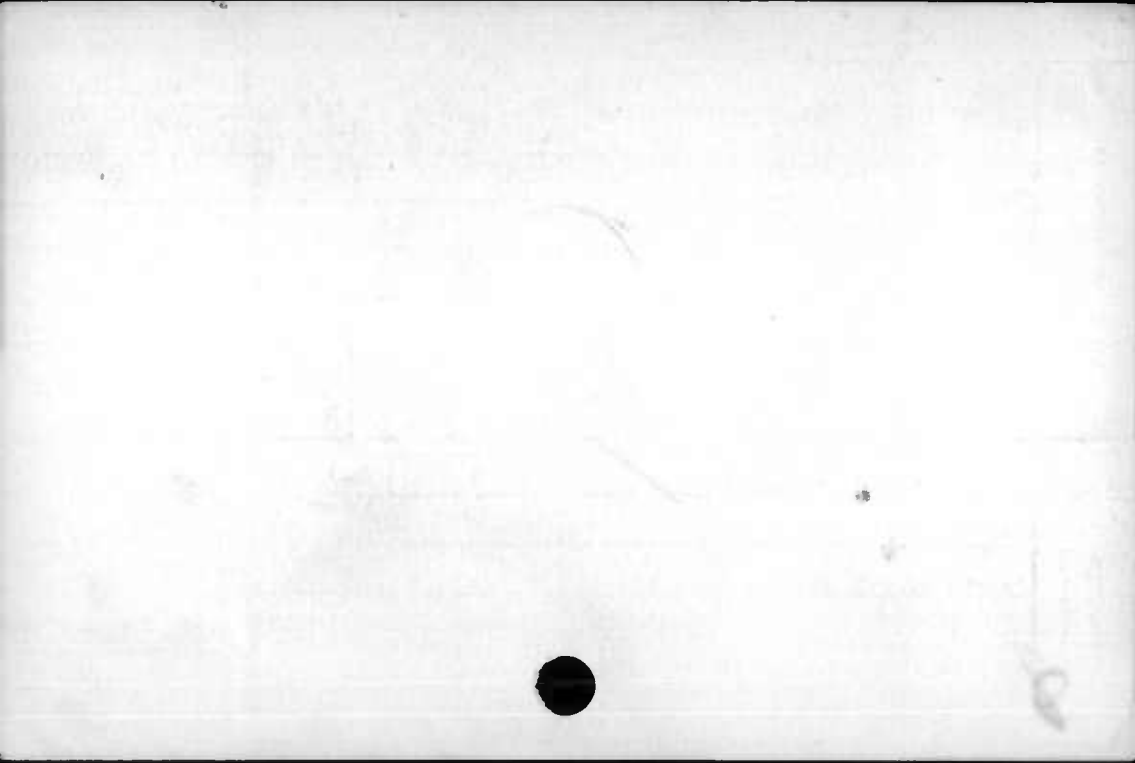
Died at <i>Wye Island</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec.</i>	Day	<i>5</i>
Age		<i>31</i>		Years	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>wife</i>		Birth-place	<i>Q. L. Co., Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of <del>Wife</del> Husband	<i>Marion Horney</i>	
Father's Name	<i>Samuel M. Melvin</i>			Father's Birthplace	<i>Q. L. Co., Md.</i>
Mother's Maiden Name	<i>Julia Robinson</i>			Mother's Birthplace	<i>Q. L. Co., Md.</i>
Name of person giving information	<i>Marion Horney</i>			How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary	<i>Puerperal <del>colic</del> convulsions (during labor)</i>	How long	<i>Half an hour</i>
Immediate	<i>Respiratory <del>paralysis</del> failure</i>	How long	<i>Five minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Forde</i>	
		Address	
			
Accident or Suicide?			



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Wesley Palmatroy

CERTIFICATE OF DEATH

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NEAREST FRIEND

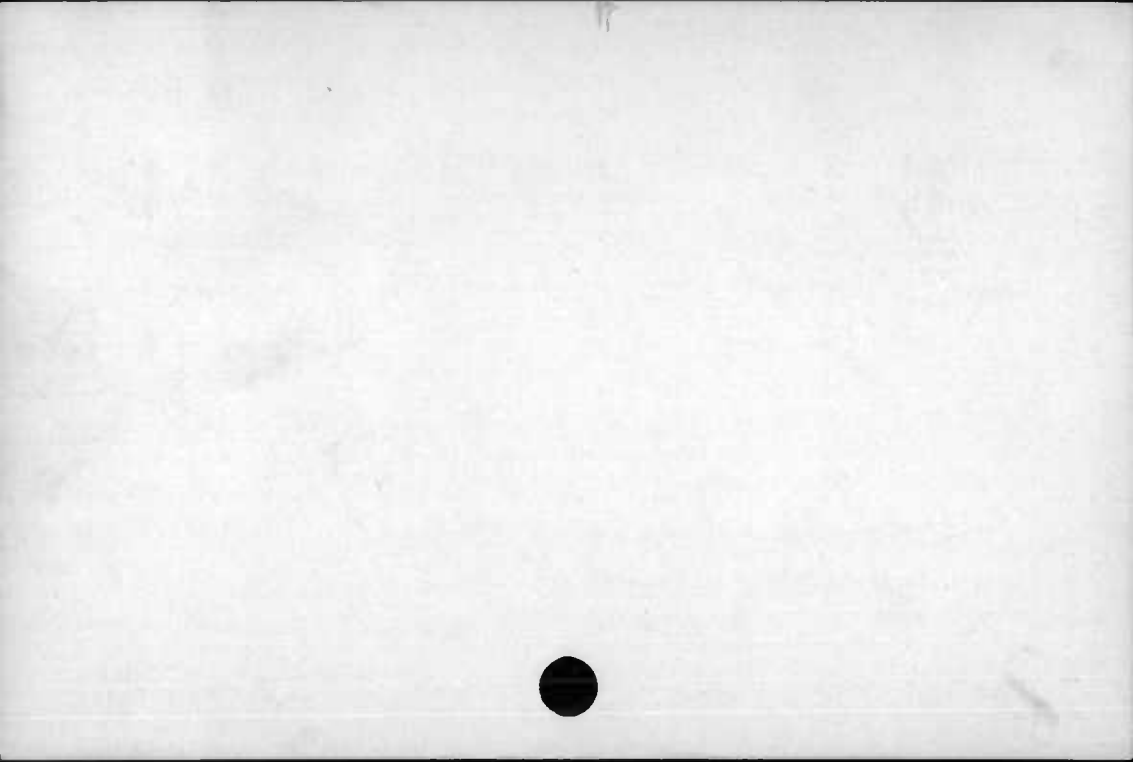
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	6	1	1	1	1
Sex		Color or Race		Birth-place			
Male		White		Home Refuges			
Occupation		Where Residing if not at place of death					
Infectious		- Nite House					
Married, Single or Widowed		Name of Wife or Husband					
Single		Name		Father's Birthplace			
Name		Mr. E. Palmatroy		Leander Co			
Mother's Maiden Name		Mother's Birthplace					
Alphonse Thomas		I a					
Name of person giving information		How related to deceased					
I wife		Niece					

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantis	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. H. Keenan	
		Address	
Accident or Suicide?			



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William H. Royer

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NEAREST FRIEND

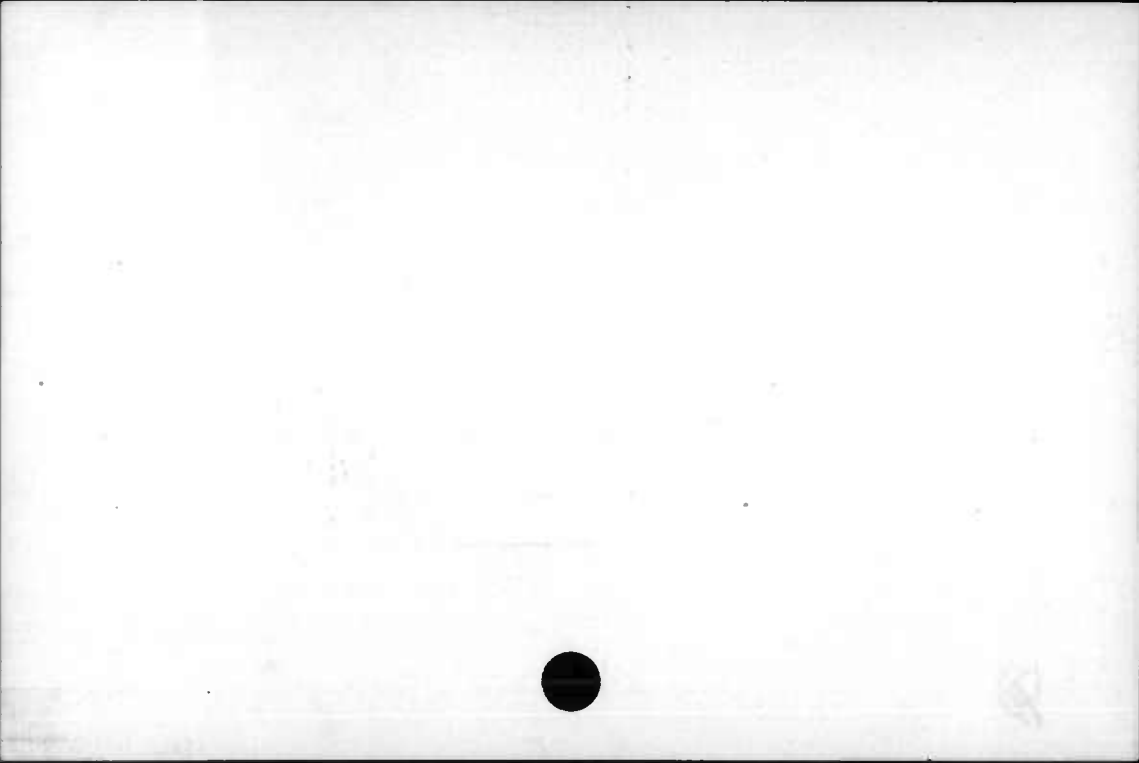
Died at <i>Centreville</i> <sup>Town</sup>		<i>Queen Anne's</i> <sup>County</sup>		MARYLAND		
Date of death <i>1907</i>		Month <i>Dec.</i>	Day <i>26</i>	Years <i>62</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne's Co.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Centreville</i>				
Married, <del>Single</del> <i>Married</i>	Name of Wife or Husband <i>Jane Royer</i>		Father's Birthplace <i>Queen Anne's Co.</i>			
Father's Name <i>Alexander Royer</i>		Mother's Birthplace <i>—</i>				
Mother's Maiden Name <i>Charlotte Weeks</i>		How related to deceased <i>Son</i>				
Name of person giving information <i>William Royer</i>						

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of Heart</i>	How long <i>Don't know</i>
Immediate	<i>Acute alcoholism</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. F. Smith M.D.</i>
<i>J</i>		Address <i>Centreville Md.</i>
Accident or Suicide?		





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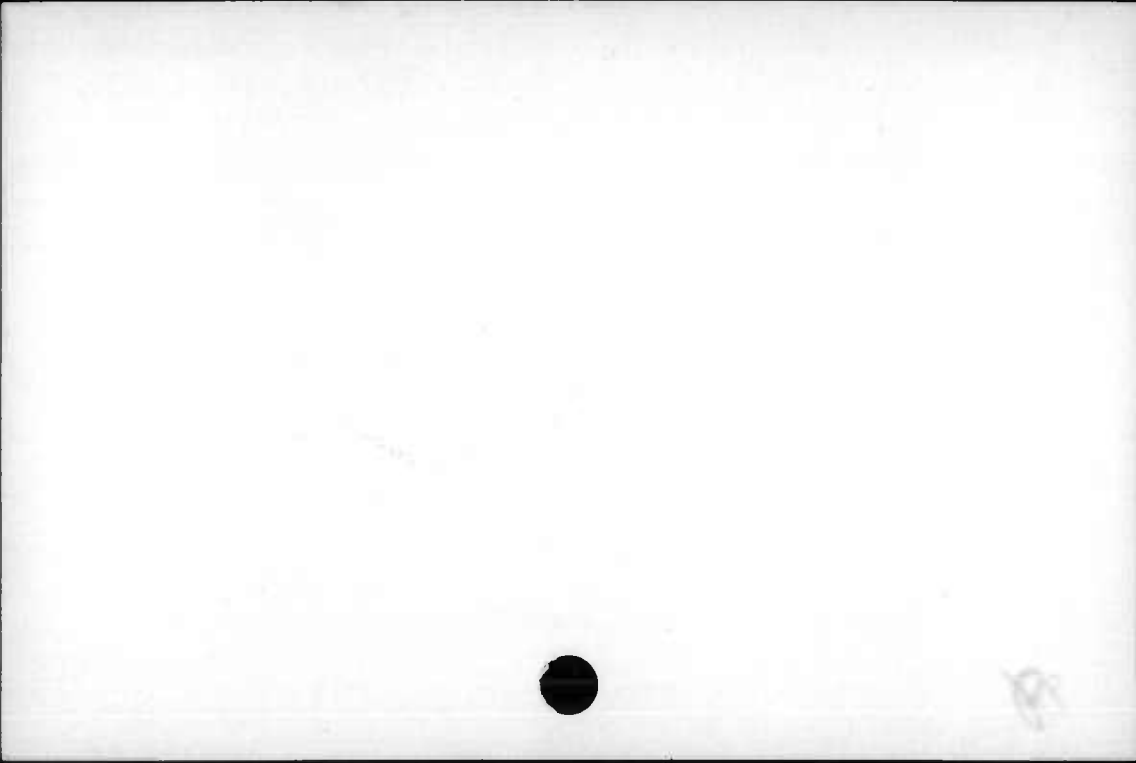
Died at <i>Christ</i> Town		<i>Stevensville</i> County		MARYLAND	
Date of death <i>1901</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>78</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>I. G. Co. Md</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel Sanders</i>				
Father's Name <i>Robert Green</i>	Father's Birthplace <i>I. G. Co. Md</i>		Mother's Birthplace <i>I. G. Co. Md</i>		
Mother's Maiden Name <i>Harriett Baynard</i>	How related to deceased <i>Brother</i>		Name of person giving information <i>John Green</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senility &amp; Ulcers</i>	How long <i>Six mos.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. H. H. Reg.</i>
Address <i>Stevensville</i>	<i>2nd</i>
Accident or Suicide? <i>No</i>	



Name  
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Harriet Trusty

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Centreville</i> <small>Town</small>		<i>Queen Anne</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>23</i>	Years <i>74</i>	Months <i>3</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Mo.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at Centreville</i>				
Married, <del>Single</del> or Widowed	Name of Wife or Husband <i>Sam. Trusty</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Fannie Smith</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <i>Burns.</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centreville Md.</i>
Accident or Suicide?	

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Sane January

Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Wm J. Higgins*

Died at *near Richsburg* Town *2* County *Q.* MARYLAND

Date of death *1907* Month *12* Day *27* Age *25* Years Months *5* Days *27*

Sex *male* Color or Race *Caucasian* Birth-place *Caroline County*

Occupation *Farmer* Where Residing if not at place of death *Place of death*

Married, Single or Widowed *Single* Name of Wife or Husband -

Father's Name *Geo J Higgins* Father's Birthplace *Caroline County*

Mother's Maiden Name *Lucy Spencer* Mother's Birthplace *Caroline County*

Name of person giving information *Geo J. Higgins* How related to deceased *Father*

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary *Saccharine Diabetes* How long *2 or 3 yrs*

Immediate *Diabetic Coma* How long *36 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm J. Higgins*

Address *Centerville Md*

Accident or Suicide? *no*

